



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
200.00**Complete If Known**

Application Number	09/905,704
Filing Date	February 27, 2001
First Named Inventor	G. Scott Herron
Examiner Name	Valerie E. Bertoglio
Art Unit	1632
Attorney Docket No.	23946-08185

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number: **19-2555** Deposit Account Name: **Fenwick & West LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES****1.1 BASIC FILING FEES**

Application Type	Fee (\$)	Small Entity Fee (\$)
Utility	300	150
Design	200	100
Plant	200	100
Reissue	300	150
Provisional	200	100

1.2 SEARCH FEES

Fee (\$)	Small Entity Fee (\$)
500	250
100	50
300	150
500	250
0	0

1.3 EXAMINATION FEES

Fee (\$)	Small Entity Fee (\$)
200	100
130	65
160	80
600	300
0	0

Fees Paid (\$)

2. EXCESS CLAIM FEES**Fee Description**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x _____ = _____						

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____ x _____ = _____			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

130.00Other: Increase fee for surcharge of late entry**70.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	50,784	Telephone	650/335-7213
Name (Print/Type)	Jennifer R. Bush	Date	December 9, 2004		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Repln. Ref: 12/14/2004 AWOHDAF1 0018172500

DAH:192555 Name/Number:09905704

FC: 9204

\$5.00 CR

Repln. Ref: 03/05/2005 AWOHDAF1 0018172500
DAH:192555 Name/Number:09905704
FC: 9204 \$5.00 CR

65.00 CR

12/14/2004 AWOHDAF1 00008014 09905704

02 FC:2051

Repln. Ref: 03/05/2005 AWOHDAF1 0018172500
DAH:192555 Name/Number:09905704
FC: 9204 \$5.00 CR



ONE
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: G. Scott Herron
APPLICATION NO.: 09/905,704
FILING DATE: February 27, 2001
TITLE: IN VIVO ASSAY FOR ANTI-ANGIOGENIC COMPOUNDS
EXAMINER: Valerie E. Bertoglio
GROUP ART UNIT: 1632
ATTY. DKT. NO.: 23946-08185

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: December 9, 2004

By: 
Jennifer R. Bush, Reg. No. 50,784

MAIL STOP PETITION
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

**AMENDMENT AFTER NOTICE OF ALLOWABILITY UNDER 37 C.F.R. § 1.312
ACCOMPANYING RENEWED PETITION TO ACCEPT AN UNINTENTIONALLY
DELAYED CLAIM UNDER 37 C.F.R. §§ 1.78(a)(3) and 1.78(a)(6)**

Sir:

This amendment for the patent application identified above accompanies the enclosed
Renewed Petition to Accept an Unintentionally Delayed Claim Under 37 C.F.R. §§ 1.78(A)(3)
and 1.78(A)(6), per the Decision on Petition mailed November 18, 2004.

Further to the Notice of Allowance dated December 22, 2003, please amend the
specification as shown below.

12/14/2004 AWONDAF1 00000014 09905704

01 FC:1053

130.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/12/05</u>		2 Serial/Patent # <u>09/905,704</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other	—	12/13/04	\$ 130 65							
			7 TOTAL AMOUNT OF REFUND								
			\$ 195								
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> </tr> </table>			1	9	--	2	5	5	5
1	9	--	2	5	5	5					
<u>No fee is required for a renewed petition in this instance</u>											
11 REFUND REQUESTED BY: <u>C.T. Donnell</u>											
TYPED/PRINTED NAME: <u>C.T. Donnell</u>		TITLE: <u>Pet. Attorney</u>									
SIGNATURE: <u>C.T. Donnell</u>		PHONE: <u>272-3211</u>									
OFFICE: <u>4700</u>											
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APPROVED: <u><i>Alicia Kelly</i></u>		DATE: <u>5/4/05</u>									

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**Office of Finance
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Crystal Park One, Room 802B**